

THIS SPACE FOR OFFICE USE ONLY



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

'05 APR 28 AM 11:12

STATE OF HAWAII
STATE ETHICS COMMISSIONH0113
HLPC**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Hoover	(First) Jacqui	(Middle) L.	TELEPHONE 808-885-9588
MAILING ADDRESS (Street) P.O. Box 2159			FAX 808-885-9590
(City) Kamuela	(State) HI	(Zip Code) 96743	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Leeward Planning Conference			TELEPHONE 808-885-9588
MAILING ADDRESS (Street) P.O. Box 2159			FAX 808-885-9590
(City) Kamuela	(State) HI	(Zip Code) 96743	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Maria Javillonar			TELEPHONE 808-885-9588
MAILING ADDRESS (Street) P.O. Box 2159			FAX 808-885-9590
(City) Kamuela	(State) HI	(Zip Code) 96743	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (Indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*Jacqui L. Hoover

(Signature of Lobbyist)

4/25/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Jacqui L. Hoover

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President

NAME OF ORGANIZATION (if applicable)

Hawaii Leeward Planning Conference

TELEPHONE

808-885-9588

MAILING ADDRESS (Street)

P.O. Box 2159

FAX

808-885-9590

(City)

Kamuela

(State)

H

(Zip Code)

96743*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*Jacqui L. Hoover

(Signature of Authorizing Officer or Person Represented)

4/25/05

(Date)